

**For Postal Delivery**

Department of Labor and Industries  
 Factory Assembled Structures  
 PO Box 44430  
 Olympia WA 98504-4430

**For Non-Postal Delivery (e.g., FedEx, UPS)**

Department of Labor and Industries  
 Factory Assembled Structures  
 7273 Linderson Way SW  
 Tumwater WA 98501

[www.wa.gov/lni/FAS/](http://www.wa.gov/lni/FAS/) (case sensitive)

**PLAN APPROVAL REQUEST****FACTORY BUILT STRUCTURES & COMMERCIAL COACHES**

**Applicant: Fill out completely**

<input type="checkbox"/>	FB
<input type="checkbox"/>	CC CH 11
<input type="checkbox"/>	CC CST
<input type="checkbox"/>	WA Only
<input type="checkbox"/>	WA Rev/OR Courtesy
<input type="checkbox"/>	OR Rev/WA Courtesy
<input type="checkbox"/>	Other state
State ID	reciprocity

Manufacturer	Mfg No.
Plans to be returned to: Address	
City/State/ZIP	

**FOR DEPARTMENT USE ONLY**

Fee Ldg Sht #	Check #	\$ Amount	Application ID
Ap No.	Date approved	Expiration date	

Contact person's printed name:	Date	Fee enclosed \$
Signature	Phone No ( )	FAX No ( )

New plan (Master design) \_\_\_\_\_ (1 Yr design) \_\_\_\_\_ *See appropriate WAC for fees*

Renewal \_\_\_\_\_ AP No. \_\_\_\_\_ Initial MFG filing \_\_\_\_\_ No fee required \_\_\_\_\_

Addendum \_\_\_\_\_ AP No. \_\_\_\_\_ Resubmittal \_\_\_\_\_ Appl ID \_\_\_\_\_

Plans reviewed by L&I listed professional \_\_\_\_\_

**Note: Identify addendum items on plan!**

Code cycles (month/year):					
UBC, UMC, UPC:	/	VIAQ:	/	NEC:	/
Size of building:		No of modules:		Occupancy group:	
Width:	Length:	Area (Sq Ft):			
Type construction:	Use:	Sub yr	SEC yr	Seismic Zone:	
Roof live load PSF:	Wind load MPH - EXP:	(PSF for CC)	Floor load PSF:		
Plot plan submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", provide distance from farthest projection to nearest building/property line:					
Front:	Rear:	Left side:	Right side:		
Type heat:	<input type="checkbox"/> Central forced air	<input type="checkbox"/> Hydronics	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Fan powered room heater	<input type="checkbox"/> Other:
Type of fuel:	<input type="checkbox"/> Electric	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Oil	<input type="checkbox"/> Other:
Insulation values:	Floor	Walls	Roof (Flat)	Roof (Vault)	Heating zone: <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2
WSEC compliance chapter:	<input type="checkbox"/> Component	<input type="checkbox"/> Systems	<input type="checkbox"/> Prescriptive	<input type="checkbox"/> N/A	Electrical service:
Energy calculations:		On file - AP#		Amps _____	
<input type="checkbox"/> Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No		Phase <input type="checkbox"/> 1 <input type="checkbox"/> 3	
Heat Pump		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Air conditioning		<input type="checkbox"/> Yes <input type="checkbox"/> No			

	N/A	Attached L&I Review	Attached/Design Professional Review	On file	AP#
Structural calculations or test proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Truss or rafter drawing(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Truss plan if over 3 different trusses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Girder truss or ridge beam drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
HVAC drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Cross section and elevation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Foundation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Electrical load demand calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Panel box schedule/Electric load calc's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Chassis drawing (CC units only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Plumbing systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP# _____
Operating pressure _____ to _____ No of fixtures _____ Total developed length _____					

**RETURN PLANS** ☐ Regular mail ☐ Overnight @ customer's expense ☐ Carrier \_\_\_\_\_

VIA: ☐ Other \_\_\_\_\_ Acct # \_\_\_\_\_



# FEE WORKSHEET

[www.wa.gov/lni/FAS/](http://www.wa.gov/lni/FAS/)  
 (case sensitive)

Please fill out fee worksheet for each plan or each insignia request.

For fee schedules see WAC 296-150F-3000 or WAC 150C-3000

	TOTAL AMOUNT
Initial filing fee ( <b>One time only</b> ) <small>This is for beginning mfg. only</small>	\$
Initial fee-Master Design	\$
Initial fee-one year design	\$
Addendum fee	\$
Renewal fee	\$
Resubmittal fee	\$
Extra copies of plans      \$      X Quantity      =	\$
Reciprocal plan review	\$
Courtesy review fee	\$
Plans approved by design professionals	\$
<i>Total of insignia and NLEA fees paid (if applicable)</i>	\$
<i>Total of electrical fees paid (if applicable)</i>	\$
<b>Total Fees Paid \$</b>	
List other plans the enclosed check applies to:	
Serial or Model #	
Serial or Model #	
Serial or Model #	
Serial or Model #	

Through which service should the plans be returned? Please fill out overnight carrier (Federal Express, UPS, etc.) and account number if you wish to have your plans returned by overnight mail.